



ADOPTION AGREEMENT TO THE PEB TRUST

No guaranty that payments or reimbursements to employees, former employees or retirees will be tax-free. The Trust has obtained a ruling from the Internal Revenue Service concerning only the federal tax treatment of the Trust's income. That ruling may not be cited or relied upon by the Employer whatsoever as precedent concerning any matter relating to the Employer's health plan(s) (including post-retirement health plans). In particular, that ruling has no effect on whether contributions to the Employer's health plan(s) or payments from the Employer's health plan(s) (including reimbursements of medical expenses) are excludable from gross income of employees, former employees or retirees, under the Internal Revenue Code. The federal income tax consequences to employees, former employees and retirees depend on the terms and operation of the Employer's health plan(s).



Introduction

By executing this Adoption Agreement, the Employer specified in Section II of this Adoption Agreement adopts the PEB Trust Agreement ("PEB Trust"), a multiple employer pooled account arrangement which is designed to fund post-retirement benefits other than pension benefits for the Employer's eligible retired employees and their eligible dependents, and which PEB Trust is hereby incorporated by reference into this Adoption Agreement.

Defined terms shall have the meaning attributed to such terms in the PEB Trust Agreement.

The Employer hereby selects the following Plan specifications:

Section I Plan and Trust Information

A.1.1 FULL NAME OF TRUST: PEB Trust Agreement ("PEB Trust")

A.1.2 FULL NAME AND EFFECTIVE DATE(S) OF POST-EMPLOYMENT HEALTH CARE PLAN OR PLANS TO BE FUNDED BY THE PEB TRUST ON BEHALF OF THE EMPLOYER:

Section II Employer Information

A.2.1 EMPLOYER INFORMATION: (See Section 2.4 of Master Plan Document):

NAME OF EMPLOYER:	Collin County Texas
ADDRESS: (Street):	2300 Bloomdale Road, Suite 3100
(City, State, Zip code:)	McKinney, Texas 75071

(Phone Number): 972-424-4641

A.2.2 EMPLOYER'S PLAN ADMINISTRATOR: Jeff May, County Auditor

A.2.3 EMPLOYER'S TAX IDENTIFICATION NUMBER: _____



A.2.4 EMPLOYER'S FISCAL YEAR (means the 12 consecutive month period used by the Employer in preparing its financial statements).

Commencing on (month, day) October 1 and

Ending on (month, day) September 30

Section III
Eligible Employees and Eligible Dependents

A.3.1 ELIGIBLE EMPLOYEE: The determination of Eligible Employees and Eligible Dependents is finally and conclusively determined by the Employer according to its applicable statutes, ordinances, Plans, policies and collective bargaining agreements.

***** Signature Page Follows *****



Execution and Adoption of PEB Trust Agreement

By executing this Adoption Agreement, the Employer hereby adopts and agrees to be bound by the PEB Trust Agreement along with any related documents and appoints the PEB Trust Board of Trustees as trustee.

The Employer understands and agrees that the documents referred to above may be amended from time-to-time in accordance with the terms of such documents.

This Adoption Agreement is hereby executed this 24th day of May, 2010.

EMPLOYER (specify):

Collin County, Texas

By: _____

Title: _____

Approved As To Form:

By: _____

Title: _____



Instruction Information

Collin County

Employer Name

Please complete this document with any special instructions as to how to handle your account. Please include such instructions as : Number of signatures or authorized persons required, means of authorized communication (US Mail, email, phone, fax, etc) or other requirements, such as receiving banks, accounts or other information.

Print Name of Signatory

Authorized Signatory

Date Effective



Authorized Persons
Appointment or Withdrawal of Appointment

Please provide information and authorization for **each** person authorized to act on behalf of Employer with regards to PEB Trust instructions.

Name of Employer and Plan

- ☐ This is an Appointment. Effective date _____
- ☐ This is a Withdrawal of an Appointment. Effective date of withdrawal _____

Authorized Person Information:

Name

Address

Address

Phone and email address

Signature of Authorized Person-(Not required for withdrawal of appointment)

How will this person authorize actions related to the PEB Trust?

- ☐ Email _____
- ☐ Phone _____
- ☐ Fax _____
- ☐ Other _____

Name and position of person making appointment

Signature of Appointing Officer

Date of Appointment